B1 (Official For Case 15-03442 Doc 1 Filed 02/02/15 Entered 02/02/15 19:44:37 Desc Main United States Bankrupt Document Page 1 of 18 VOLUNTARY PETITION Name of Debtor (if individual, enter Last, First, Middle): Name of Joint Debtor (Spouse) (Last, First, Middle): James, Michael All Other Names used by the Joint Debtor in the last 8 years All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): (include married, maiden, and trade names): Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): (if more than one, state all): 5033 Street Address of Debtor (No. and Street, City, and State): Street Address of Joint Debtor (No. and Street, City, and State): 10902 S. State Chicago, Illinois ZIP CODE ZIP CODE60628 County of Residence or of the Principal Place of Business: County of Residence or of the Principal Place of Business Mailing Address of Debtor (if different from street address): Same as above Mailing Address of Joint Debtor (if different from street address): ZIP CODE ZIP CODE Location of Principal Assets of Business Debtor (if different from street address above): ZIP CODE Chapter of Bankruptcy Code Under Which Nature of Business Type of Debtor the Petition is Filed (Check one box.) (Check one box.) (Form of Organization) (Check one box.) Health Care Business Chapter 15 Petition for Chapter 7 Recognition of a Foreign Individual (includes Joint Debtors) Single Asset Real Estate as defined in Chapter 9 Chapter 11 Main Proceeding See Exhibit D on page 2 of this form. 11 U.S.C. § 101(51B) Chapter 12 Chapter 15 Petition for Corporation (includes LLC and LLP) Railroad Recognition of a Foreign Stockbroker Chapter 13 Partnership Commodity Broker Nonmain Proceeding Other (If debtor is not one of the above entities, check Clearing Bank this box and state type of entity below.) Other Chapter 15 Debtors Nature of Debts Tax-Exempt Entity (Check box, if applicable.) (Check one box.) Country of debtor's center of main interests: ☑ Debts are primarily consumer ☐ Debts are Debtor is a tax-exempt organization debts, defined in 11 U.S.C. primarily Each country in which a foreign proceeding by, regarding, or under title 26 of the United States § 101(8) as "incurred by an business debts. against debtor is pending: Code (the Internal Revenue Code). individual primarily for a personal, family, or household purpose. Filing Fee (Check one box.) Chapter 11 Debtors Full Filing Fee attached. Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is Check if: unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment Filing Fee waiver requested (applicable to chapter 7 individuals only). Must on 4/01/16 and every three years thereafter). attach signed application for the court's consideration. See Official Form 3B. Check all applicable boxes: A plan is being filed with this petition. Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b) Statistical/Administrative Information THIS SPACE IS FOR COURT USE ONLY Debtor estimates that funds will be available for distribution to unsecured creditors. Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors Estimated Number of Creditors И 50-99 200-999 1 - 49100-199 1.000 5.001-10,001-25,001-50,001-Over 5,000 10,000 25,000 50,000 100,000 100,000 Estimated Assets v Ø \$50,001 to \$100,001 to \$500,001 \$1,000,001 \$10,000,001 \$50,000,001 \$100,000,001 \$0 to \$500,000,001 More than \$50,000 \$100,000 \$500,000 to \$1 10 \$10 to \$50 to \$100 to \$500 to \$1 billion \$1 billion million million million million million Estimated Liabilities \$50,001 to \$100,001 to \$0 to \$500,001 \$1,000,001 \$10,000,001 \$50,000,001 \$100,000,001 \$500,000,001 More than \$50,000 \$100,000 \$500,000 to \$1 to \$10 to \$50 to \$100 to \$500 to \$1 billion. \$1 billion million million million million million

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| Voluntary Petition Document   | Rage, 2.0f, 18<br>James, Micael   |  |  |  |  |
| (This page must be completed and filed in every case.)  Signs   |   |  |  |  |  |
| Signature(s) of Debtor(s) (Individual/Joint)  | Signature of a Foreign Representative   |  |  |  |  |
| I declare under penalty of perjury that the information provided in this petition is true and correct.  [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7]. I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  [If no attorney represents me and no bankruptcy petition preparer signs the petition]. I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  X. S/Michael James Signature of Debtor  X. Signature of Joint Debtor  Telephone Number (if not represented by attorney)  O1/29/2015 | I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.  (Check only one box.)  I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.  Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the  |  |  |  |  |
| Date  |   |  |  |  |  |
| Signature of Attorney*  X   | Signature of Non-Attorney Bankruptcy Petition Preparer  I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(b), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.  Printed Name and title, if any, of Bankruptcy Petition Preparer  Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) |  |  |  |  |
| I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.  X  Signature of Authorized Individual  Printed Name of Authorized Individual  Title of Authorized Individual  Date   | Address  X Signature  Date  Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.  Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.  If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.  |  |  |  |  |

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110: 18 U.S.C. § 156.

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| Voluntary Pet<br>(This page mus | ition<br>t be completed and filed in every case.)  | Document   | Page 3:0f 18<br>James, Micael  |   |
|                                 | All Prior Bankru   | otcy Cases Filed Within Last 8                                     | Years (If more than two, attach additional she   | ect.)   |
| Where Filed;                    | V/A  | ₹  | Case Number:   | Date Filed:   |
| Location<br>Where Filed:        |  |  | Case Number:   | Date Filed:   |
| Name of Debto                   | Pending Bankruptcy Case Filed  | by any Spouse, Partner, or Al                                      | ffiliate of this Debtor (If more than one, attach  | additional sheet.)  |
|                                 | r.   |  | Case Number:   | Date Filed:   |
| District                        |  |  | Relationship:  | Judge:  |
| of the Securitie                | Exhibit A  ted if debtor is required to file periodic Securities and Exchange Commission per s Exchange Act of 1934 and is requesting  A is attached and made a part of this petit | #suant to Section 13 or 15(d)<br>g relief under chapter 11.)       | Exhibit  (To be completed if deby whose debts are primaril  I, the attorney for the petitioner named in the informed the petitioner that [he or she] may of title 11, United States Code, and have expected that I further certify that I have deby 11 U.S.C. § 342(b).  X Sisteven A. Lang  Signature of Attorney for Debtor(s) | tor is an individual<br>by consumer debts.)<br>c foregoing petition, declare that I have<br>proceed under chapter 7, 11, 12, or 13<br>plained the relief available under each   |
|                                 |  |  | Suprimure of Attorney for Debtor(s)  | (Date)  |
| ☑ No.                           | Exhibit C is attached and made a part of   | Evhib  | it D st complete and attach a separate Exhibit D.)   |   |
| Exhibit D                       | completed and signed by the debtor, is a   | attached and made a part of this                                   | petition.  |   |
|                                 |  | Information Regarding  | the Debtor - Venue   |   |
| ď                               | Debtor has been domiciled or has ha<br>preceding the date of this petition or f  | (Check any appi<br>d a residence, principal place of               | licable box.)  | for 180 days immediately  |
|                                 | There is a bankruptcy case concerning  | debtor's affiliate, general partr                                  | ner, or partnership pending in this District.  |   |
|                                 | Debtor is a debtor in a foreign procee   | ding and has its principal place                                   | of business or principal assets in the United St   | ates in this District, or has<br>deral or state court] in this  |
|                                 | Certificat   | ion by a Debtor Who Resides<br>(Check all applic                   | as a Tenant of Residential Property<br>able boxes.)  |   |
|                                 | Landlord has a judgment against th   | e debtor for possession of debto                                   | r's residence. (If box checked, complete the fo  | dlowing.)   |
|                                 |  |  | (Name of landlord that obtained judgment)  |   |
|                                 |  |  | (Address of landlord)  |   |
|                                 | Debtor claims that under applicable<br>entire monetary default that gave ris   | nonbankruptcy law, there are conton to the judgment for possession | ircumstances under which the debtor would be<br>n, after the judgment for possession was entere  | permitted to cure the   |
|                                 |  |  | any rent that would become due during the 30-  | ACCUPATION OF THE PROPERTY OF |
|                                 | Debtor certifies that he/she has serv  | ed the Landlord with this certifi                                  | cation. (11 U.S.C. § 362(I)).  |   |

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| In re James, Michael | Case No.   |
|----------------------|------------|
| Debtor               | (If known) |

#### SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND<br>LOCATION OF<br>PROPERTY                   | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSSAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION | AMOUNT OF<br>SECURED<br>CLAIM |
|--|--|---------------------------------------|--|-------------------------------|
| Two flat building at 10902 State<br>Street, Chicago Illinois | Home-owner                                 |                                       | 0.00   | 220.000                       |
|  |  |                                       |  |                               |
|  |  |                                       |  |                               |
|  |  |                                       |  |                               |
|  |  | loto!                                 | 0.00   |                               |

(Report also on Summary of Schedules.)

| In re James, Michael | 20   | Page 5 of 18 |            |  |
|----------------------|------|--------------|------------|--|
| In re James, Michael | <br> | Case No.     |            |  |
| Debtor               |      |              | (If known) |  |

### SCHEDULE B - PERSONAL PROPERTY

(If known)

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY   | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HASBAND, WITE, YOUT,<br>OR COMMUNETY | CURRENT VALUE OF<br>DEBTOR'S INTEREST<br>IN PROPERTY, WITH-<br>OUT DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION |
|--|------------------|--------------------------------------|--------------------------------------|---|
| Cash on hand.  | ×                |                                      |                                      |   |
| <ol> <li>Checking, savings or other finan-<br/>cial accounts, certificates of deposit<br/>or shares in banks, savings and loan,<br/>thrift, building and loan, and home-<br/>stend associations, or credit unions,<br/>brokerage houses, or cooperatives.</li> </ol> | x                |                                      |                                      |   |
| <ol> <li>Security deposits with public util-<br/>ities, telephone compunies, land-<br/>lords, and others.</li> </ol>   | x                |                                      |                                      |   |
| <ol> <li>Household goods and furnishings,<br/>including audio, video, and computer<br/>equipment.</li> </ol>   |                  | computer, furnishing                 |                                      | 2,000.00  |
| <ol> <li>Books; pictures and other art<br/>objects; antiques; stamp, coin,<br/>record, tape, compact disc, and other<br/>collections or collectibles.</li> </ol>   | ×                |                                      |                                      |   |
| 6. Wearing apparel.  |                  | Clothing                             |                                      | 1,000.00  |
| 7. Furs and jewelry.   | ×                |                                      |                                      |   |
| Firearms and sports, photo-<br>graphic, and other hobby equipment.   | ×                |                                      |                                      |   |
| Interests in insurance policies.  Name insurance company of each policy and itemize surrender or refund value of each.   | x                |                                      |                                      |   |
| <ol> <li>Annuities. Itemize and name<br/>each issuer.</li> </ol>   | ×                |                                      |                                      |   |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)                    | x                |                                      |                                      |   |

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| In re James, Michael , | Case No.   |
|------------------------|------------|
| Debtor                 | (If known) |

### SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| TYPE OF PROPERTY   | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, DOUT,<br>OR COMMUNETY | CURRENT VALUE OF<br>DEBTOR'S INTEREST<br>IN PROPERTY, WITH-<br>OUT DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION |
|--|------------------|--------------------------------------|--------------------------------------|---|
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.  | x                |                                      |                                      |   |
| <ol> <li>Stock and interests in incorporated<br/>and unincorporated businesses.<br/>Itemize.</li> </ol>  | x                |                                      |                                      |   |
| <ol> <li>Interests in partnerships or joint<br/>ventures. Itemize.</li> </ol>  | ×                |                                      |                                      |   |
| Government and corporate bonds and other negotiable and non-negotiable instruments.  | x                |                                      |                                      |   |
| 16. Accounts receivable.   | x                |                                      |                                      |   |
| <ol> <li>Alimony, maintenance, support,<br/>and property settlements to which the<br/>debtor is or may be entitled. Give<br/>particulars.</li> </ol>                                     | x                |                                      |                                      |   |
| 18. Other liquidated debts owed to<br>debtor including tax refunds. Give<br>particulars.   | x                |                                      |                                      |   |
| 19. Equitable or future interests, life<br>estates, and rights or powers exercisable<br>for the benefit of the debtor other than   |                  |                                      |                                      |   |
| those listed in Schedule A – Real<br>Property.   | х                |                                      |                                      |   |
| 20. Contingent and noncontingent<br>interests in estate of a decedent, death<br>benefit plan, life insurance policy, or trust.   | x                |                                      |                                      |   |
| 21. Other contingent and unliquidated<br>claims of every nature, including tax<br>refunds, counterclaims of the debtor, and<br>rights to setoff claims. Give estimated<br>value of each. | x                |                                      |                                      |   |

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| In re | James, Michael | <br>Case No. |
|-------|----------------|--------------|
|       | Debtor         | (If known)   |

## SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | WISSAMD, WIFF, JOONT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST<br>IN PROPERTY, WITH-<br>OUT DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION |
|---|------------------|--------------------------------------|---------------------------------------|---|
| 22. Patents, copyrights, and other intellectual property. Give particulars.   | x                |                                      |                                       |   |
| 23. Licenses, franchises, and other general<br>mangibles. Give particulars.   | х                |                                      |                                       |   |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | x                |                                      |                                       |   |
| 25. Automobiles, trucks, trailers,<br>and other vehicles and accessories.   | x                |                                      |                                       |   |
| 26. Boats, motors, and accessories.   | x                |                                      | 100 DOM                               |   |
| 27. Aircraft and accessories.   | х                |                                      |                                       |   |
| 28. Office equipment, furnishings,<br>and supplies.   | x                |                                      |                                       |   |
| <ol> <li>Machinery, fixtures, equipment,<br/>and supplies used in business.</li> </ol>  | x                |                                      |                                       |   |
| 30. Inventory.  | х                |                                      |                                       |   |
| 31. Animals.  | ×                |                                      |                                       |   |
| <ol> <li>Crops - growing or harvested.</li> <li>Give particulars.</li> </ol>  | ×                |                                      |                                       |   |
| 33. Farming equipment and implements.   | x                |                                      |                                       |   |
| 34. Farm supplies, chemicals, and feed.   | x                |                                      |                                       |   |
| <ol> <li>Other personal property of any kind<br/>not already listed. Itemize.</li> </ol>  | x                |                                      |                                       |   |

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

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| In re James, Michael         |       |                | Case No.                  |           |

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor | claims the | exemptions | to w | hich | debtor | is: | entitled | under: |
|--------|------------|------------|------|------|--------|-----|----------|--------|
|        | one box)   |            |      |      |        |     |          |        |

Debtor

☐ 11 U.S.C. § 522(b)(2) ☐ 11 U.S.C. § 522(b)(3) □ Check if debtor claims a homestead exemption that exceeds \$155,675.\*

(If known)

| DESCRIPTION OF PROPERTY | SPECIFY LAW<br>PROVIDING EACH<br>EXEMPTION | VALUE OF<br>CLAIMED<br>EXEMPTION | CURRENT<br>VALUE OF PROPERTY<br>WITHOUT DEDUCTING<br>EXEMPTION |
|-------------------------|--|----------------------------------|--|
| furnishings             | 2000 1001(6)                               | 2,000.00                         | 2,000.00   |
| clothing                | 1000 1001 (b)                              | 1,000.00                         | 1,000.00   |
|                         |  |                                  |  |
|                         |  |                                  |  |
|                         |  |                                  |  |
|                         |  |                                  |  |
|                         |  |                                  |  |
|                         |  |                                  |  |
|                         |  |                                  |  |

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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| In re James, Michael , | Case No. |            |  |
|------------------------|----------|------------|--|
| Debtor                 |          | (If known) |  |

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND<br>MAILING ADDRESS<br>INCLUDING ZIP CODE AND<br>AN ACCOUNT NUMBER<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED,<br>NATURE OF LIEN,<br>AND<br>DESCRIPTION<br>AND VALUE OF<br>PROPERTY<br>SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM<br>WITHOUT<br>DEDUCTING VALUE<br>OF COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|--|----------|--|---|------------|--------------|----------|--|---------------------------------|
| ACCOUNT NO.  |          |  | 2000  |            |              |          |  |                                 |
| Ocwen Loan Servicing Inc.<br>1661 Worthington Rd STE<br>100<br>West Palm Beach FL 33409                            |          |  | mortgage<br>VALUE S   |            |              |          | 220,000.00   | 0.00                            |
| ACCOUNT NO.  |          |  |   |            |              |          |  |                                 |
|  |          |  | VALUE \$  |            |              |          |  |                                 |
| ACCOUNT NO.  |          |  | VALUES  |            |              |          |  |                                 |
|  |          |  | VALUE \$  |            |              |          |  |                                 |
| eontinuation sheets<br>attached  |          |  | Subtotal ►<br>(Total of this page)  | X 100      |              |          | S 220,000.00   | \$ 0.00                         |
|  |          |  | Total ►<br>(Use only on last page)  |            |              |          | S 220,000.00   | \$ 0.00                         |
|  |          |  |   |            |              |          | (Report also on Summary of                                     | (If applicable, report          |

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

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B6E (Official Form 6E) (04/13)

| In re | James, Michael | Case No.   |   |
|-------|----------------|------------|---|
|       | Debtor         | (if known) | _ |

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☑ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
 TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)
 ☑ Domestic Support Obligations
 Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in

responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cossation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E (Official Form 6E) (04/13) - Cont.

| In re James, Michael , Case No.   |      |
|---|------|
| Debtor (if known)   |      |
| Certain farmers and fishermen   |      |
| Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).  |      |
| Deposits by individuals   |      |
| Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use that were not delivered or provided. 11 U.S.C. § 507(a)(7).   | 0.00 |
| ☐ Taxes and Certain Other Debts Owed to Governmental Units  |      |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).   |      |
| Commitments to Maintain the Capital of an Insured Depository Institution  |      |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S § 507 (a)(9). | s,C  |
| ☐ Claims for Death or Personal Injury While Debtor Was Intoxicated  |      |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcoholdrug, or another substance. 11 U.S.C. § 507(a)(10).  | ol.  |
| * Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.  |      |
|   |      |
|   |      |
|   |      |
|   |      |
| continuation sheets attached  |      |

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B 6G (Official Form 6G) (12/07)

| In re James, Michael | Case No.   |   |
|----------------------|------------|---|
| Debtor               | (if known) | _ |

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS,<br>INCLUDING ZIP CODE,<br>OF OTHER PARTIES TO LEASE OR CONTRACT. | DESCRIPTION OF CONTRACT OR LEASE AND<br>NATURE OF DEBTOR'S INTEREST. STATE<br>WHETHER LEASE IS FOR NONRESIDENTIAL<br>REAL PROPERTY. STATE CONTRACT<br>NUMBER OF ANY GOVERNMENT CONTRACT. |
|--|--|
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| Case 15-03442<br>B 6H (Official Form 6H) (12/07) | Doc 1 | Document | Entered 02/02/15 19:44:37<br>Page 13 of 18 | Desc Main |  |
|--|-------|----------|--|-----------|--|
| In re James Michael                              |       |          | Case No.                                   |           |  |

| In re | James, Michael | Case No. |            |  |
|-------|----------------|----------|------------|--|
| -     | Debtor         |          | (if known) |  |

#### SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| V | Check | this | box | if | debtor | has | no | codebtors. |
|---|-------|------|-----|----|--------|-----|----|------------|
|---|-------|------|-----|----|--------|-----|----|------------|

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
|                              |                              |
|                              |                              |
|                              |                              |
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|  | your case:   |  |   |  |
|--|--|--|---|--|
| Debtor 1 Michael James   |  |  |   |  |
| First Name   | Middle None  | Lost Name  | -   |  |
| Debtor 2<br>(Spouse, if filing) First Name   | Middle Name  | Lost Namo  |   |  |
| United States Bankruptcy Court for the:  | Northern District of Illinois  | ~  |   |  |
| Case number  |  | _  | Check if the  | nis is:  |
| (If known)   |  |  | An am   | ended filing   |
|  |  |  |   | element showing post-petition<br>or 13 income as of the following date:    |
| Official Form B 6I   |  |  |   | 7/YYYY   |
| Schedule I: You  | ır İncomo  |  | man oc  |  |
| ochedule i. 100  | ii iiicoiiie   |  |   | 12/13  |
| eparate sheet to this form. On the   | top of any additional pag  | do not include informa<br>ges, write your name a                   | ition about your spo<br>nd case number (if k                        | use. If more space is needed, attach a<br>nown). Answer every question.    |
| <ol> <li>Fill in your employment information.</li> </ol>   |  | Debtor 1   |   | Debtor 2 or non-filing spouse  |
| If you have more than one job,<br>attach a separate page with  |  |  |   | _  |
| information about additional   | Employment status  | Employed   |   | Employed   |
| employers.<br>Include part-time, seasonal, or  |  | Not employed   |   | Not employed   |
| self-employed work.  | Occupation   | Self employed sa   | ales man  |  |
| Occupation may Include student<br>or homemaker, if it applies.   | оссарацоп  |  |   |  |
| 0. 21  | Employer's name  | James Wholesal   | e   |  |
|  | Employer's address   | 10902 S. State S   | Street  |  |
|  | Employer's address   | Number Street  | pireer  | Number Street  |
|  |  |  |   |  |
|  |  | Chicago Illinois,  | 60628   |  |
|  |  |  |   |  |
|  |  | City Sta   | te ZIP Code   | City State ZIP Code  |
|  | How long employed the  |  | te ZIP Code   | City State ZIP Code  |
| Part 24 Give Details About   |  |  | te ZIP Code   | City State ZIP Code  |
| Part 2: Give Details About   | t Monthly Income   | re?15  |   |  |
| Estimate monthly income as of<br>spouse unless you are separated   | t Monthly Income  f the date you file this form  | n. If you have nothing to  | report for any line, w  | rite \$0 in the space. Include your non-filing                             |
| Estimate monthly income as of<br>spouse unless you are separated<br>If you or your non-filing spouse ha  | t Monthly Income  f the date you file this form  ave more than one employe   | n. If you have nothing to  | report for any line, w  | rite \$0 in the space. Include your non-filing                             |
| Estimate monthly income as of<br>spouse unless you are separated   | t Monthly Income  f the date you file this form  ave more than one employe   | n. If you have nothing to  | report for any line, wi   | rite \$0 in the space. Include your non-filing or that person on the lines |
| Estimate monthly income as of<br>spouse unless you are separated<br>If you or your non-filing spouse ha  | t Monthly Income  f the date you file this form  ave more than one employe   | n. If you have nothing to  | report for any line, w  | rite \$0 in the space. Include your non-filing                             |
| Estimate monthly income as of spouse unless you are separated if you or your non-filing spouse habelow. If you need more space, at 2. List monthly gross wages, sal                                  | t Monthly Income  If the date you file this form  ave more than one employed that a separate sheet to the sary, and commissions (be                            | n. If you have nothing to<br>er, combine the informat<br>his form. | report for any line, wr<br>ion for all employers fi<br>For Debtor 1 | rite \$0 in the space. Include your non-filing or that person on the lines |
| Estimate monthly income as of spouse unless you are separated if you or your non-filing spouse habelow. If you need more space, a 2. List monthly gross wages, sal deductions). If not paid monthly, | t Monthly Income  If the date you file this form  ave more than one employed that a separate sheet to the sary, and commissions (be calculate what the monthly | n. If you have nothing to<br>er, combine the informat<br>his form. | o report for any line, we for for all employers for Debtor 1        | rite \$0 in the space. Include your non-filing or that person on the lines |
| Estimate monthly income as of spouse unless you are separated if you or your non-filing spouse habelow. If you need more space, at 2. List monthly gross wages, sal                                  | t Monthly Income  If the date you file this form  ave more than one employed that a separate sheet to the sary, and commissions (be calculate what the monthly | n. If you have nothing to<br>er, combine the informat<br>his form. | report for any line, wr<br>ion for all employers fi<br>For Debtor 1 | rite \$0 in the space. Include your non-filing or that person on the lines |

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Michael James Debtor 1 Case number urkney First Name Last Name For Debtor 1 For Debtor 2 or non-filling spouse 850.00 Copy line 4 here. 5. List all payroll deductions: 0.00 5a. Tax, Medicare, and Social Security deductions 5a. 0.00 5b. Mandatory contributions for retirement plans 5b. 0.00 5c. Voluntary contributions for retirement plans Sc. 0.00 5d. Required repayments of retirement fund loans 5d. 0.00 5e. Insurance 5e. S 0.00 5f. Domestic support obligations 56. 0.00 5g. Union dues 59 0.00 5h. Other deductions. Specify: 5h. 0.00 Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h. 850.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 monthly net income. 8a 0.00 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 0.00 settlement, and property settlement. 0.00 8d. Unemployment compensation 8d 0.00 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance 0.00 that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. 0.00 8g. Pension or retirement income 8g. 0.00 8h. Other monthly income. Specify: 8h 8 S 0.00 Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9 10. Calculate monthly income. Add line 7 + line 9. 850.00 850.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 1.599.00

| 13. Do you expect an | increase or decrease within the year after you file this form? |
|----------------------|--|
|                      |  |
| Yes. Explain:        |  |

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

Specify:

Combined monthly income

-749.00

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|  |   | - ugo = 0 0 = 0   |                         |                                   |  |
|--|---|---|-------------------------|-----------------------------------|--|
| Fill in this information to identify y   | your case:  |   |                         |                                   |  |
| Debtor 1 Michael James   | Minkshir Name Last Name   | Check if  | this is:                |                                   |  |
| Debtor 2   | 800000000   | ПАп ап  | nended fili             | na                                |  |
| (Spouse, if filing) Pint Name  | Middle Name Last Name   | ☐ ☐ A sup   | plement s               | howing post-                      | petition chapter 13  |
| United States Bankruptcy Court for the:  | Northern District of Illinois   | exper   | ises as of              | the following                     | date:  |
| Case number(if known)  |   |   | DD / YYYY               |                                   |  |
|  |   |   |                         | g for Debtor 2<br>parate housel   | because Debtor 2<br>hold   |
| Official Form B 6J   |   |   |                         |                                   |  |
| Schedule J: You  | ur Expenses   |   |                         |                                   | 12/13  |
| Be as complete and accurate as po<br>information. If more space is neede<br>(if known). Answer every question. | ssible. If two married people are filled, attach another sheet to this form | ng together, both are equally<br>. On the top of any additions                          | responsit<br>I pages, w | ale for supplyi<br>rite your name | ng correct<br>e and case number  |
| Part 1: Describe Your Hou  | sehold  |   |                         |                                   |  |
| Is this a joint case?  |   |   |                         | 100 Notes 10                      |  |
| No. Go to line 2.  |   |   |                         |                                   |  |
| Yes. Does Debtor 2 live in a s   | eparate household?  | formation for Dependent's relationship to Dependent's age Does dependent live with you? |                         |                                   |  |
| □No  |   |   |                         |                                   |  |
| Yes. Debtor 2 must file  | e a separate Schedule J.  |   |                         |                                   |  |
| 2. Do you have dependents?   | <b>☑</b> No   |   |                         | Dependent's                       |  |
| Do not list Debtor 1 and<br>Debtor 2.  | Yes. Fill out this information for each dependent                           |   | _ ;                     | age                               |  |
| Do not state the dependents'   |   |   |                         |                                   | - Committee of the Comm |
| names.   |   |   |                         |                                   | □ No   |
|  |   |   | -1088                   |                                   | Yes  |
|  |   |   |                         |                                   | No No  |
|  |   |   |                         |                                   | ∐ Yes  |
|  |   | 201000000000000000000000000000000000000   |                         |                                   | No<br>Yes  |
|  |   |   |                         |                                   | No   |
|  |   |   |                         |                                   | Yes  |
| 3. Do your expenses include<br>expenses of people other than<br>yourself and your dependents?                  | No Yes  |   |                         |                                   |  |
| Part 2: Estimate Your Ongo   | ing Monthly Expenses  |   |                         |                                   |  |
| Estimate your expenses as of your  | bankruptcy filing date unless you a   | are using this form as a supp   | ement in                | a Chapter 13 o                    | ase to report  |
| expenses as of a date after the bar<br>applicable date.  | kruptcy is filed. If this is a supplem                                      | ental Schedule J, check the   | box at the              | top of the form                   | n and fill in the  |
| Include expenses paid for with nor   | n-cash government assistance if yo  | u know the value  |                         |                                   |  |
| of such assistance and have include  | ded it on Schedule I: Your Income (   | Official Form B 6l.)  |                         | Your expe                         | nses   |
| <ol> <li>The rental or home ownership of<br/>any rent for the ground or lot.</li> </ol>                        | expenses for your residence. Include  | first mortgage payments and   | 4.                      | \$                                | 925.00   |
| If not included in line 4:   |   |   |                         |                                   | 0.00   |
| 4s. Real estate taxes  |   |   | 40.                     | S                                 | 0.00   |
| 4b. Property, homeowner's, or r  | renter's insurance  |   | 4b.                     | \$                                | 0.00   |
| 4c. Home maintenance, repair,  | and upkeep expenses   |   | 4c.                     | \$                                | 300.00   |
| 4d. Homeowner's association of   | r condominium dues  |   | 4d.                     | S                                 | 0.00   |

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Debtor 1

Michael James
Find Name Make Name Leel Name
Case number (Viscoun)

|     |  |      | Your ex | penses        |
|-----|--|------|---------|---------------|
| 5.  | Additional mortgage payments for your residence, such as home equity loans                         | 5.   | S       | 0.00          |
| 6.  | Utilities:   |      |         |               |
|     | 6a. Electricity, heat, natural gas   | 6a.  | s       | 500.00        |
|     | 6b. Water, sewer, garbage collection   | 6b.  | \$      |               |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services                                 | 6c.  | \$      |               |
|     | 6d. Other. Specify:  | 6d.  | 37      | 0.00          |
| 7.  | Food and housekeeping supplies   | 7.   | s       |               |
| 8.  | Childcare and children's education costs   | 8.   | \$      | 0.00          |
| 9.  | Clothing, laundry, and dry cleaning  | 9.   |         | 70.00         |
| 10. | Personal care products and services  | 10.  |         | 75.00         |
| 11. | Medical and dental expenses  | 11.  |         | 0.00          |
| 12. | Transportation. Include gas, maintenance, bus or train fare.                                       |      |         | (%)(%),200,90 |
|     | Do not include car payments.   | 12.  | \$      | 200,00        |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books                                 | 13.  | \$      | 0.00          |
| 14. | Charitable contributions and religious donations   | 14.  | s       | 0.00          |
| 15. | Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.          |      |         |               |
|     | 15a. Life insurance  | 15a. | s       | 16.00         |
|     | 15b. Health insurance  | 15b. | s       |               |
|     | 15c. Vehicle insurance   | 15c. | 0.00    | 0,00          |
|     | 15d. Other insurance. Specify:   | 15d. | 250000  | 0.00          |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:         | 16.  | \$      | 0.00          |
| 17. | Installment or lease payments:   |      |         |               |
|     | 17a. Car payments for Vehicle 1  | 17a. | \$      | 0.00          |
|     | 17b. Car payments for Vehicle 2  | 17b. | \$      |               |
|     | 17c. Other. Specify:   | 17c. | s       |               |
|     | 17d. Other, Specify:   | 17d. | s       |               |
| 18. |  | 18.  | \$      | 0.00          |
| 19. | Other payments you make to support others who do not live with you.                                |      |         |               |
|     | Specify:   | 19.  | \$      | 0.00          |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Inco | wne. |         |               |
|     | 20a. Mortgages on other property   | 20a. | \$      | 0.00          |
|     | 20b. Real estate taxes   | 20b. | \$      | 0.00          |
|     | 20c. Property, homeowner's, or renter's insurance  | 20e. |         | 0.00          |
|     | 20d. Maintenance, repair, and upkeep expenses  | 20d. | \$      | 0.00          |
|     | 20e. Homeowner's association or condominium dues   | 20e  |         | 0.00          |

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| y expenses. Add lines 4 your monthly expenses. |  |   | s   | 1,599.00  |
|--|--|---|---|---|
| y expenses. Add lines 4 rour monthly expenses. |  |   | s   |   |
| our monthly expenses.                          |  | 2:  | s   | 1,599.00  |
| r monthly not income.                          | 2007 22 22002  |   |   |   |
|  |  |   |   |   |
| e 12 (your combined mor                        | athly impared from Schoolife /   | 23  | s   | 850.00  |
| our monthly expenses from                      |  | 23  | 50 AV   | 1,599.00  |
|  |  | 23  | s   | -749.00   |
| do you expect to finish pa                     | sying for your car loan within the year  | or do you expect your   |   |   |
|  |  |   |   |   |
| explain here:                                  |  |   |   |   |
|  | ult is your monthly net inc<br>ct an increase or decrea<br>do you expect to finish pa<br>ment to increase or decre | do you expect to finish paying for your car loan within the year<br>ment to increase or decrease because of a modification to the | ult is your monthly net income.  23  23  24  25  26  26  27  28  28  28  29  29  20  20  20  20  21  21  22  23  24  25  26  26  27  28  29  29  20  20  20  20  20  20  20  20 | ct an increase or decrease in your expenses within the year after you file this form?  do you expect to finish paying for your car loan within the year or do you expect your ment to increase or decrease because of a modification to the terms of your mortgage? |